

## PRESEPARATION COUNSELING CHECKLIST

(Please read Privacy Act Statement below before completing this form.)

### SECTION I - PRIVACY ACT STATEMENT

**AUTHORITY:** 10 USC 1142, E.O. 9397.

**PRINCIPAL PURPOSE(S):** To record preseparation services and benefits requested by and provided to Service members; to identify preseparation counseling areas of interest as a basis for development of an Individual Transition Plan (ITP). The signed preseparation counseling checklist will be maintained in the Service member's official personnel file. Title 10, USC 1142, requires that not later than 90 days before the date of separation, preseparation counseling for Service members be made available.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Voluntary; however, it will not be possible to initiate preseparation services or develop an Individual Transition Plan (ITP) for a Service member if the information is not provided.

### SECTION II - PERSONAL INFORMATION *(To be filled out by all applicants)*

<b>1. NAME</b> <i>(Last, First, Middle Initial)</i>		<b>2. SSN</b>		<b>3. GRADE</b>	
<b>4. SERVICE</b>	<b>5. DUTY STATION</b>	<b>6. EXPECTED SEPARATION DATE</b> <i>(YYYYMMDD)</i>		<b>7. DATE CHECKLIST PREPARED</b> <i>(YYYYMMDD)</i>	

### SECTION III. ALL TRANSITIONING SERVICE MEMBERS MUST READ AND SIGN.

I was offered preseparation counseling on the above date (Item 7) on my transition benefits and services as appropriate. I understand that this preseparation counseling is provided to assist my transition process as required by Title 10, USC 1142.

I ☐ accept ☐ decline *(X appropriate block)* further transition assistance counseling. *(If you declined further transition assistance counseling, sign and date.)* I have checked those items where I desire further information or counseling. I have also been advised where to obtain assistance in developing an Individual Transition Plan (ITP).

<b>8a. SERVICE MEMBER SIGNATURE</b>	<b>b. DATE</b> <i>(YYYYMMDD)</i>
<b>9a. TRANSITION COUNSELOR SIGNATURE</b>	<b>b. DATE</b> <i>(YYYYMMDD)</i>

**SECTION IV.** Please indicate (by checking YES or NO) whether you (or your spouse if applicable) desire counseling for the following services and benefits. All benefits and services checked YES should be used in developing your ITP. The following services and benefits are available to all Service members, unless otherwise specified:

	SERVICE MEMBER			SPOUSE			REFERRED TO <i>(Input is optional)</i>
	YES	NO	N/A	YES	NO	N/A	
<b>10. INDIVIDUAL TRANSITION PLAN (ITP)</b>							
<b>11. EFFECTS OF A CAREER CHANGE</b>							
<b>12. EMPLOYMENT ASSISTANCE</b>							
a. Dept. of Labor sponsored Transition Assistance Program and Service sponsored Transition Seminars/Programs							
b. Use of DD Form 2586 (Verification of Military Experience and Training)							
c. DoD Job Search (dod.jobsearch.org) and Public and Community Service (PACS) Register							
d. Transition Bulletin Board (TBB)							
e. Teacher and Teacher's Aide Opportunities							
f. Federal Employment Opportunities							
g. Hiring Preference in Non-Appropriated Fund (NAF) jobs (VSI, SSB, Eligible Involuntary Separates)							
h. State Employment Agencies/America's Job Bank							
<b>13. RELOCATION ASSISTANCE</b> <b>*NOTE: Status of Forces Agreement limitations apply for overseas Service members.</b>							
a. Permissive (TDY/TAD) and Excess leave							
*b. Travel and transportation allowances							
*c. Military family housing extension (VSI, SSB, and Eligible Involuntary Separates)							
*d. Commissary, exchange benefits extension and MWR Privileges (VSI, SSB, Eligible Involuntary Separates)							
*e. DODDS school extension (Eligible Involuntary Separates)							

PRESEPARATION COUNSELING CHECKLIST SECTION IV (Continued)		NAME (Last, First, Middle Initial)						SSN	
		SERVICE MEMBER			SPOUSE			REFERRED TO (Input is optional)	
		YES	NO	N/A	YES	NO	N/A		
<b>14. EDUCATION/TRAINING</b>									
a. Education benefits (Montgomery GI Bill, Veterans Educational Assistance Program, Vietnam-era, etc.)									
b. Job Training Partnership Act (JTPA)									
c. Additional education or training options									
<b>15. HEALTH AND LIFE INSURANCE</b>									
a. 60-day or 120-day extended Military and limited Dental benefits (VSI, SSB, Eligible Involuntary Separates)									
b. Option to purchase 18-month conversion health insurance. Concurrent pre-existing condition coverage with purchase of conversion health insurance.									
c. Veterans' Group Life Insurance									
<b>16. FINANCES</b>									
a. Financial Management									
b. Separation pay (VSI, SSB, Eligible Involuntary Separates Only)									
c. Unemployment compensation									
d. Other financial assistance (VA Loans, SBA Loans, and other government grants and loans)									
<b>17. RESERVE AFFILIATION/PRIORITY</b>									
<b>18. DISABLED VETERANS BENEFITS</b>									
a. Disabled Transition Assistance Program (DTAP)									
b. VA Disability Benefits									
<p>As a separating Service member, after receiving basic preseparation information and completing this checklist, you and your spouse (if applicable) are entitled to receive assistance in developing an ITP and counseling based on the areas of interest you have identified on the checklist. The preseparation checklist addresses a variety of transition services and benefits to which you may be entitled. Each individual is strongly encouraged to take advantage of the opportunity to develop an ITP. The purpose of an ITP is to identify educational, training and employment objectives and to develop a plan to achieve these objectives. It is the Military Department's responsibility to offer Service members the opportunity and assistance to develop an ITP. It is the Service member's responsibility to develop an ITP based on his/her specific objectives and the objectives of his or her spouse, if appropriate.</p>									
<b>SECTION V - REMARKS</b>									